

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021136

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4815

STATE FILE NUMBER

FILED MAY 23 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

ST. LOUIS, MISSOURI

Length of stay in 1b

2 Days.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION BARNES HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY

c. CITY OR TOWN St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

2409 S. 9th

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

RUBY

EMILY

WATTS

5. SEX

Female

6. COLOR OR RACE

White

7. Married

☒ Widowed ☐ Never Married ☐ Divorced ☐

8. DATE OF BIRTH

4/28/08

9. AGE (last birthday)

54

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Elevator Opr.

Unemployed

White Co., Ill.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Louis Rich

13b. MOTHER'S MAIDEN NAME

Iva Carlton

14. NAME OF HUSBAND OR WIFE

Edgar Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Edgar Watts, 2409 S. 9th, St. Louis

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) METASTATIC CARCINOMA OF LEFT BREAST

INTERVAL BETWEEN ONSET AND DEATH

22 YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

22 Months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from SEPT. 14, 1960 to MAY 10, 1962 and last saw her alive on MAY 10, 1962

Death occurred at 5:40 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

E. D. McLaughlin, M.D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

5/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5/14/62

23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope

23d. LOCATION (City, town, or county)

St. Louis, County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

McLaughlin, 2301 Lafayette, St. Louis, MO.

25. DATE REC'D. BY LOCAL REG.

MAY 11 1962

26. REGISTRAR'S SIGNATURE

Edgar Watts M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

18a 22 months

INSTEAD OF

2 years

DATE AMENDED

6/4/62

BY AFFIDAVIT OF Physician

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Anna R. Chapman

Licensed Embalmer No.

4550

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.